<u>× </u>	MLA Revision (10/01/2008)			 _	Based On PTO/SB/17 (*				
Effective on 10/01/2008			A 1: 4:	Application Number 10/520.43			•		
Spees pursuant to the Cons	ondated App	opriations Act, 2	003 (11.K. 4616).	Application		10/520,438			
FEE TRANSMITTAL FOR FY 2009			Filing Da	Filing Date		January 26, 2006			
			First Nan	First Named Inventor		FAURE, Sylvain			
			Examine	Examiner Name		Gregory E. Webb			
Applicant claims small entity status. See 37 CFR 1.27					Art Unit		1796		
OTAL AMOUNT OF PAY				Attorney	Attorney Docket No.		10404.008.00		
ETHOD OF PAYMENT	check all that	apply)					-		
Check	Credit Card	Mor	ney Order	None	Other (plea	se identify):		-	
= -	D				- "	• • •	1 0 61-		
Deposit Account	•	sit Account Nun			sit Account Nar		Long & Alc	iriage LLP	
For the above-id	lentified dep	osit account, the	e Director is he	reby authorized	to: (check all t	that apply)			
Charge fee(s) indicated	below		Cha	rge fee(s) indic	ated below, ex	cept for th	ne filing fed	
Charge any under 37 C	additional fe		yments of fee(s) 🔀 Cre	dit any overpay	ments			
WARNING: Information on th information and authorization		come public. Credi	t card information	should not be inclu	ded on this form.	Provide credit card	d		
EE CALCULATION									
. BASIC FILING, SEAR	CH, AND EX	(AMINATION F	EES						
	FILING		SEARCI		EXAMINAT	EXAMINATION FEES			
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees	Paid (\$)	
Utility	330	165	540	270	220	110	1000		
Design	220	110	100	50	140	70			
Plant	220	115	330	165	170	85			
1 IGHL	330	165	540	270	650	325			
Reissue		440	0	0	0	0			
	220	110	U	U	•	•			
Reissue Provisional		110	U	U	Ū	•	-	Small E	
Reissue Provisional		110	U	V	v	·	Fee (\$)	Small E Fee (\$	
Reissue Provisional 2. EXCESS CLAIM FEES	3		U	v	· ·	·	Fee (\$) 52		

wallpie dependent claims	•	190
Total Claims	Multiple Dep	endent Claims
20 or HP = <u>0</u> x <u>\$52</u> = <u>0</u>	Fee (\$)	Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20.	0	0
Indep. Claims		
3 or HP = 0 x\$220 = 0		
HP = highest number of independent claims paid for, if greater than 3.		
3. APPLICATION SIZE FEE		
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$270	(\$135 for small er	ntity) for each
additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).		
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof	Fee(\$)	Fee Paid (\$)
100 = / 50 = (round up to a whole number) x		=0
4. OTHER FEE(S)		Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)		
Other (e.g., late filing surcharge): Request for Continued Examination (RCE)		\$810.00
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SUBMITTED BY	000 //	7	
Signature	Matthat	Registration No. (Attorney/Agent) 33,829	Telephone (202) 496-7500
Name (Print/Type)	Matthew T. Bailey		Date August 1, 2009